

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to conduct an update or annual assessment for a client who is currently enrolled in a program. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____
Middle Name: _____ Suffix: _____
Birthdate: * _____ Social Security Number: * _____

Step 2: Project Update/Annual Assessment

Complete the project update/annual assessment information and please note all fields with an * are required fields. Complete additional forms for each household member updated or assessed.

Project Start Date: * _____ Assessment Type: ☐ During Program Enrollment
☐ Annual
Date of Engagement: * _____ Case Manager: * _____
(Interactive client relationship; results in deliberate assessment)

Covered by Health Insurance: *

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

Type of Insurance: *

- ☐ Medicaid ☐ Private Pay Health Insurance
☐ Medicare ☐ State Health Insurance for Adults (HIP or HIP 2.0)
☐ State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP) ☐ Indian Health Service (Native American)
☐ Veteran's Administration (VA) Medical Services ☐ Other Public
☐ Health Insurance Obtained through COBRA ☐ Other _____

Status: *

- ☐ Active ☐ No
☐ Start Date: _____ ☐ Applied; decision pending ☐ Client Doesn't Know
☐ End Date: _____ ☐ Applied; client not eligible ☐ Client Refused
☐ Client did not apply ☐ Data Not Collected
☐ Insurance type N/A for this client

Basic Care Program (BCP) Status Assessment: * (Only for Emergency Shelter and Prevention project participants)

Date Status Determined: * _____

Youth Eligible for RHY Services: *

- ☐ Yes ☐ No

If yes, runaway youth:

- ☐ Yes ☐ Client Refused
☐ No ☐ Data Not Collected
☐ Client Doesn't Know

If No, Reason:

- ☐ Out of Age Range
☐ Ward of the State – Immediate Reunification
☐ Ward of the Criminal Justice System – Immediate Reunification

HMIS Barriers Assessment:* (Street Outreach project participants skip to Health Assessment on page 3)

Alcohol Abuse

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Developmental Disability

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Drug Abuse

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

HIV/AIDS

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

HIV/AIDS Continued

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Mental Health

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Physical Disability

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Chronic Health Condition

Barrier Present?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Condition is Indefinite?

- | | |
|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected | |

Financial Assessment:*

Non Cash Benefits:* ☐ Yes ☐ No

- ☐ Supplemental Nutrition Assistance Program (SNAP)
\$ _____
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ Other Source

Contact:* (Only for Street Outreach project participants)

Date of Contact:* _____

Contact with: _____

Enrollment:* _____

Staying on streets, ES or Safe Haven:*

- | |
|---|
| <input type="checkbox"/> No |
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> Worker unable to determine |

Other helpful resources at www.IndianaBOS.org.